

RECEIVED
CENTRAL FAX CENTER

JAN 12 2006

PROSKAUER ROSE LLP

1585 Broadway
New York, NY 10036-8299
Telephone 212.969.3000
Fax 212.969.2900LOS ANGELES
WASHINGTON
BOSTON
BOCA RATON
NEWARK
NEW ORLEANS
PARIS

Date January 12, 2006 Client-Matter 74622-027

Total Pages (Including Cover) 3

From John C. Stellabotte

Sender's Voice Number 212.969.3413

Sender's Room Number 17-44

Sender's Email Address jstellabotte@proskauer.com

Main Fax Number 212.969.2900

To: Examiner: HARBECK, TIMOTHY M

Fax No.: 571.273.8300

Company: United States Patent and Trademark Office - Group Art Unit 3628

Voice No.: 571.272.4130

Message

Re: Application of: Donato V. Daddario, et al.
Filing Date : August 23, 2001
Serial No. : 09/935,981
Title : BENEFIT PROVIDER SYSTEM AND
METHOD
Att'y Docket : 74622-027

Attached please find the following:

- 1) Power of Attorney and Correspondence Address Indication Form
- 2) Statement Under 37 CFR 3.73(b)

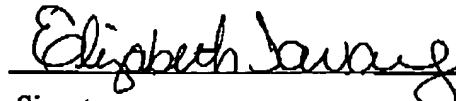
Please contact John C. Stellabotte at (212) 969-3413 if you have any questions.

FACSIMILE TRANSMISSION CERTIFICATE

I hereby certify that these papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Elizabeth Tavaraz

Name of person signing the certification

 January 12, 2006

Signature

Date

Confidentiality Note: This message is confidential and intended only for the use of the addressee(s) named above. It may contain legally privileged material. Dissemination, distribution or copying of this message, other than by such addressee(s), is strictly prohibited. If you have received this message in error, please immediately notify us by telephone and return the original to us at the address above. We will reimburse you for the cost of the telephone call and postage. Thank you.

RECEIVED
CENTRAL FAX CENTER

JAN 12 2006

PTO/SB/01 (09-04)

Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10280,646
	Filing Date	August 23, 2001
	First Named Inventor	Donato V. Daddario, et al.
	Title	BENEFIT PROVIDER SYSTEM AND METHOD
	Art Unit	3628
	Examiner Name	HARBECK, TIMOTHY M
Attorney Docket Number		74622-0027

I hereby appoint:

☒ Practitioners associated with the Customer Number: 21890

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number: 21890

OR


<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Fax		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	1/11/06
Name	Gregg I. Goldman	Telephone	203.719.3099
Title and Company	Director and Senior Counsel, Technology and Intellectual Property, UBS AG, Stamford Branch		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2

PTO/SB/88 (09-04)

Approved for use through 07/31/2006. OMB 0631-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Donato V. Daddario, et al.Application No./Patent No.: 09/935,981 Filed/Issue Date: August 23, 2001Entitled: **BENEFIT PROVIDER SYSTEM AND METHOD**UBS Patnewebber, Inc., a Corporation
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or
2. ☐ an assignee of less than the entire right, title and interest.
The extent (by percentage) of its ownership interest is _____ %

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 012128, Frame 0684, or for which a copy thereof is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.☐ Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3. If the assignment is to be recorded in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

Gregg I. Goldman
Signature
Gregg I. Goldman
Printed or Typed Name
Director and Senior Counsel, UBS AG, Stamford Branch
Title

1/11/06
Date
203 719 3089
Telephone Number

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.